## Cabinet for Health and Family Services Kentucky Department for Public Health

## APPLICATION FOR CERTIFICATION

## PLEASE PRINT CLEARLY Initial Renewal If renewal, current Kentucky certification number Inspector Risk Assessor **Project Designer Sampling Technician Supervisor** Worker Name: SSN: \_\_\_\_\_ First Last Middle DOB: Work Address: Work Phone: City: State: Zip: Home Phone: Fax Number: If you are employed by a lead-hazard company currently certified by the Department provide the following: Company name and Address: \_\_ Company certification number: Phone number: ( \*A color wallet size photo no smaller than 2" by 2" is required for certification (i.e. passport photo) This is to affirm that the above (and attached) information is accurate and has been provided by me: Applicant Signature: Date: FOR DEPARTMENT FOR PUBLIC HEALTH USE ONLY --Not To Be Filled Out By Applicants--Method of Payment: Date Rec'd \_\_\_\_\_ Processed by \_\_\_\_\_ Certification Fee: Approved Disapproved Discipline Fee: \$ Check No. \_\_\_\_\_ Money Order No. Application Fee \$50.00 Check No. Third Party Fee \$50.00 Check No.\_\_\_\_\_

Mail To:

Department for Public Health Environmental Lead Program 275 East Main Street HS1E-B Frankfort, KY 40621

**ATTN: Sharon Perl** 

ASSIGNED CERTIFICATION NO: \_\_\_\_\_